

United States Bankruptcy Court  
District of Minnesota

In re ANDREW MERREL DUNCAN

Debtor(s)

Case No.

Chapter

7

STATEMENT UNDER PENALTY OF PERJURY RE:  
PAYMENT ADVICES DUE PURSUANT TO 11 U.S.C. § 521(a)(1)(B)(iv)

- ☒ Debtor 1 has attached to this statement copies of all payment advices or other evidence of payment received within 60 days before the date of the filing of the petition from any employer.
- ☐ Debtor 1 has not filed copies of payment advices or other evidence of payment received within 60 days before the date of the filing of the petition from any employer because:
- ☐ Debtor 1 was not employed during the 60 days preceding the filing of the petition;
- ☐ Debtor 1 was employed for only a portion of the 60 days preceding the filing of the petition. Please specify period during which debtor was unemployed;
- ☐ Debtor 1 was self-employed during the 60 days preceding the filing of the petition;
- ☐ Debtor 1 received only unemployment, veteran's benefits, social security, disability or other retirement income during the 60 days preceding the filing of the petition; or
- ☐ Other (please explain):

I declare under penalty of perjury that I have read this Statement and it is true to the best of my knowledge, information and belief.

Signature of Debtor 1:



Date: December 29, 2017

KWIK TRIP INC  
PO BOX 2107  
1626 OAK ST  
LA CROSSE, WI 54602-2107 UNITED STATES

Number 3173281  
Check Date 12/29/2017

VOID VOID VOID VOID VOID VOID VOID VOID

Pay to the order of

Andrew M. Duncan  
25 KINGSWOOD CT  
Lake City, MN 55041-2207  
US

Net Pay 563.88

NON-NEGOTIABLE

Name	Social Number	Employee Number	Process Level	Department	Period Start	Period End
Andrew M. Duncan	1334	72215	00844	MGT	12/08/2017	12/21/2017

#### Summary

Description	Hours	Current	Year to Date
Total Gross	73.28	1272.71	46468.71
Total Deductions		708.83	15328.22
Total Net		563.88	31060.49

#### Earnings

Description	Hours	Rate	Current	Year to Date
HOURLY PROFESSIONAL PTO				1969.42
OVERNIGHT PREMIUM -RETAIL 1.50				28.06
OVERTIME - HOURLY PROFESSIONAL	5.95	25.0350	148.97	7033.07
PRIZES AWARDS-GIFT CERTIFS *				80.00
REGULAR PAY	67.33	16.6900	1123.74	32617.76
SHRINK BONUS AGGREGATE TAXES				300.00
YEAR END CASH BONUS				4440.40

#### Deductions

Description	Current	Year to Date
FEDERAL INCOME TAX	61.50	3997.66
MEDICARE TAX EMPLOYEE	16.55	648.83
MINNESOTA INCOME TAX	32.90	1708.38
SOCIAL SECURITY EMPLOYEE	70.79	2774.33
BASIC EMPLOYEE LIFE COMPANY	2.54	68.57
LONG TERM DISABILITY EXMPT CO	6.43	166.30

401k Pre Tax Deferral	38.18	915.08
DENTAL INSURANCE PRE-TAX	2.74	52.06
DENTAL INSURANCE COMPANY	8.23	156.37
Health Company	360.92	4690.58
Health Pre-Tax EE	128.31	1669.44
CHILD SUPPORT - FLAT AMOUNT	354.86	3544.44
ADMINISTRATIVE FEE	3.00	18.00

**Auto Deposit Distributions**

Routing	Account	Description	Amount
71004200	6002470123171	US Bank	200.00
291970282	0170184824	Lake City Federal Bank	363.88

KWIK TRIP INC  
 PO BOX 2107  
 1626 OAK ST  
 LA CROSSE, WI 54602-2107 UNITED STATES

Number 3113277  
 Check Date 11/17/2017

VOID VOID VOID VOID VOID VOID VOID VOID

Pay to the order of

Andrew M. Duncan  
 25 KINGSWOOD CT  
 Lake City, MN 55041-2207  
 US

**Net Pay 730.47**

NON-NEGOTIABLE

Name	Social Number	Employee Number	Process Level	Department	Period Start	Period End
Andrew M. Duncan	1334	72215	00844	MGT	10/27/2017	11/09/2017

#### Summary

Description	Hours	Current	Year to Date
Total Gross	91.16	1614.60	37226.23
Total Deductions		884.13	10192.97
Total Net		730.47	26953.26

#### Earnings

Description	Hours	Rate	Current	Year to Date
HOURLY PROFESSIONAL PTO				1969.42
OVERNIGHT PREMIUM -RETAIL 1.50				28.06
OVERTIME - HOURLY PROFESSIONAL	11.16	25.0350	279.40	6325.13
PRIZES AWARDS-GIFT CERTIFS *				80.00
REGULAR PAY	80.00	16.6900	1335.20	28823.62

#### Deductions

Description	Current	Year to Date
FEDERAL INCOME TAX	106.13	2757.55
MEDICARE TAX EMPLOYEE	21.51	520.52
MINNESOTA INCOME TAX	50.65	1277.75
SOCIAL SECURITY EMPLOYEE	91.98	2225.67
BASIC EMPLOYEE LIFE COMPANY	2.54	60.95
LONG TERM DISABILITY EXMPT CO	6.43	147.01
401k Pre Tax Deferral	48.44	780.02
DENTAL INSURANCE PRE-TAX	2.74	43.84

DENTAL INSURANCE COMPANY	8.23	131.68
Health Company	360.92	3607.82
Health Pre-Tax EE	128.31	1284.51
CHILD SUPPORT - FLAT AMOUNT	431.37	1294.11
ADMINISTRATIVE FEE	3.00	9.00

**Auto Deposit Distributions**

Routing	Account	Description	Amount
71004200	6002470123171	US Bank	200.00
291970282	0170184824	Lake City Federal Bank	530.47